

Dispatch Criteria

Medic Response

20M1

Unconscious/unresponsive: Listless, limp

20M2

Able to awaken/appearance: blue lips, mottled, gray-white

20M3

Respiratory Distress (one required):
• Noisy breathing • Rapid, labored breathing
• Sitting/leaning forward or standing to breathe
• Speaks in short sentences • Pale and diaphoretic

20M4

Seizures: • multiple > 3 per hour
• extended > 5 min.

20M5

Medication overdose, confirmed ingestion < 30 min

20M6

Confirmed ingestion of caustic substance w/ difficulty swallowing

20M7

Life threatening congenital defects/anomalies

20M8

Illness/infection w/rapid onset (< 10 hours) with:
• dramatic decrease in LOC • Listless,limp or quiet
• drooling w/difficulty swallowing

BLS Red Response

20R1

Breathing difficulty

20R2

Seizures (any one):
• First time seizure • w/history • w/fever

20R3

Medication overdose:
• Unconfirmed • > 30 min since ingestion

20R4

Ingestion of caustic substances:
• Unconfirmed • No difficulty swallowing

20R5

Congenital Health conditions/anomalies with:
• Not feeling well • Non-specific symptoms
• RP request for evaluation

BLS Yellow Response

20Y1

20Y2

TRP

20T1

Minor skin rashes

20T2

Ear ache/Teething

20T3

Temperature/Fever

Vital Points

• Ask to speak directly to the patient, if possible!

Medic:

• Does the child respond to you?

• How does the child look?

• What is the child's skin color?

• Is the child having any difficulty breathing?

• Was the child eating or did they have something in their mouth?

• Has the child had a seizure?

• Has the child been sick?
If yes, was it a rapid onset?
If yes, how long has the child been sick?

• Does the child have a fever or feel hot to the touch?

• Is the child drooling or having a difficult time swallowing?

Note: Consider suspicious RP/abuse, check previous events history! Consider police response.

BLS Red:

• Does the child have any medical or congenital problems?

Pediatric Emergencies

Pre-arrival Instructions

• Keep child calm

• If febrile seizure, remove clothing to cool patient.

• If patient is unconscious and not breathing normally, go directly to Cardiac/Respiratory Arrest Instructions, Section IV.

Short Report

• Danger to field units, if present

• Age

• Gender

• Chief complaint

• Dispatch criteria used to determine response

• Pertinent related symptoms

• Medical/surgical history, if relevant

• Other agencies responding

REVISED 05/04

20 Pediatrics